



CC0195

E-mail: DLI.BusinessLicense@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Phone: (651) 284-5034

HPP Contractor License Renewal

License Fees = \$206.80

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY**

**PER MS 326B.092; SUBD. 3, A \$90 LATE FEE IS DUE IF THE
RENEWAL IS RECEIVED BY DLI AFTER THE EXPIRATION DATE**

REGISTRATION FEES ARE NONREFUNDABLE
Depositing of registration fee does not constitute
granting of the registration applied for

PRINT IN INK OR TYPE
MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

SPACE IN BOX FOR OFFICE USE ONLY	
Account Number 632457	STK B42HPPLIC
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
NOTICE: Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	

DID YOUR LEGAL BUSINESS STRUCTURE CHANGE? If YES, you must submit a new application.

LICENSE NUMBER	FEDERAL TAX ID (FEIN)	STATE TAX ID
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LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
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BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE <input type="checkbox"/>
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RESPONSIBLE LICENSED INDIVIDUAL (Contracting HPP Pipefitter)			
LICENSE NUMBER	LEGAL LAST NAME (including suffix)	FIRST NAME	MI

THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- ☐ **\$206.80 LICENSE FEE** – This fee includes a two year license fee of \$180, a board fee of \$8.00, and an \$18.80 E-Licensing fee.
NOTE: A \$90.00 late fee is due if received after expiration.
- ☐ **Secretary of State Business Registration Verification** – Except for Individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mbisportal.sos.state.mn.us/> to verify registration.
- ☐ **\$15,000 High Pressure Piping Bond** - A \$15,000 High Pressure Piping Bond MUST BE SUBMITTED with the license renewal. The EFFECTIVE DATE must be December 31, 2011 and the EXPIRATION DATE must be December 31, 2013. All signatures must be notarized. The bond from submitted MUST be an original with the surety seal. NO photocopies will be accepted.
- ☐ **Certificate of Insurance** – The Certificate of Insurance MUST BE COMPLETED BY THE INSURANCE AGENT and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- ☐ **Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws MUST BE COMPLETED AND SUBMITTED with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- ☐ **Certificate of Responsible Licensed Individual (Contracting HPP Pipefitter)** – The Certificate of Responsible Licensed Individual MUST BE COMPLETED AND SUBMITTED with this renewal.

APPLICANT SIGNATURE	TITLE	DATE
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Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
PO Box 64220
St. Paul, MN 55164-0220
Phone: (651) 284-5034
Fax: (651) 284-5743
E-mail: DLI.License@state.mn.us
www.dli.mn.gov



CC0516 HPP

Contractor High Pressure Piping Bond

BOND NO.	AMOUNT	EFFECTIVE DATE
	\$15,000	

PRINT IN INK or TYPE

KNOW ALL MEN BY THESE PRESENTS:

THAT _____
(Business name as registered with the Office of the Secretary of State)

(DBA, doing business as name if applicable)

With business office at _____
(Business address, City, State, Zip Code, Telephone number)

as PRINCIPAL, and _____
(Surety Company Name)

(Surety Company Address, City, State, Zip Code, Telephone number)

A corporation duly organized in the state of _____ and authorized to do business in the state of Minnesota, as Surety, are jointly and severally held and firmly bound to the state of Minnesota as obligee, in the sum of **FIFTEEN THOUSAND DOLLARS (\$15,000)** for the benefit of persons injured or suffering financial loss by reason of failure of such performance as herein specified for the payment of which, we bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents. The bond shall be filed with the Minnesota Department of Labor and Industry and shall be in lieu of all other license bonds to any other political subdivision.

The CONDITION of the above obligation is such that WHEREAS the said Principal licensed as a High Pressure Pipefitter and has applied for a license to engage in the business of high pressure pipefitting work.

NOW THEREFORE, the condition of this obligation is that the Principal shall faithfully and lawfully comply with Minnesota Statutes and Rules and indemnifies any person dealing or transacting business with the Principal from any loss or damage occasioned by the failure of the Principal to comply with any of the laws, rules and ordinances of the state of Minnesota, then no obligation under this bond shall accrue, otherwise, this obligation shall remain in full force and effect.

This bond shall be effective and run concurrently with the period of the aforesaid license from the date said license is granted in the current year which shall expire on **December 31, 2013**. During the term of this obligation the principal and surety will pay unto the obligee or as otherwise directed by the obligee the amount needed to correct non-complying work. The aggregate liability of the surety hereunder pertains to all claims arising during the period as defined above and shall in no event exceed the total sum of **FIFTEEN THOUSAND DOLLARS (\$15,000)**.

Signed and sealed this _____ day of _____

(SURETY SEAL)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Print Name of Principal (s)

SIGNATURE OF PRINCIPAL(S)

Acknowledge (notarize) signatures on reverse side and attach power of attorney form.

File with: Minnesota Department of Labor and Industry
CCLD – Licensing and Certification
PO Box 64220
St. Paul, Minnesota 55164-0220
CC0516 HPP Contractor (10/11)

NAME OF SURETY

SIGNATURE OF ATTORNEY IN FACT (SURETY COMPANY)

A OR B AND C MUST BE COMPLETED

A. FOR ACKNOWLEDGEMENT OF Individual, Partnership, Limited Liability Company or Limited Liability Partnership

(Note: If partnership all signatures required to be notarized. Please copy the page if necessary.)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
to me well known to be the identical person(s) described in and who executed the foregoing bond and he/she/they acknowledged the same
to be his/her/their own free act and deed.

(SEAL)

Notary Public, _____ County, _____

My Commission Expires _____

B. FOR ACKNOWLEDGEMENT of Corporate Contractor

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
who being by me duly sworn, did say that he/she is _____
of _____, a _____
corporation; and that said instrument was executed in behalf of the corporation by authority of its Board of Directors; that he/she
acknowledged said instrument to be the free act and deed of the corporation.

(SEAL)

Notary Public, _____ County, _____

My Commission Expires _____

PART C MUST BE COMPLETED BY THE SURETY COMPANY

C. FOR ACKNOWLEDGEMENT of Corporate Surety

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____ personally came _____
and _____ to me personally known, who being by me duly sworn, did say that
he/she is the attorney in fact, of _____, the
corporation whose name is affixed to the foregoing instrument; that the seal affixed to the foregoing instrument is the corporate seal of the
said corporation; and that said instrument was executed in behalf of said corporation by authority of its board of directors and said
_____ acknowledged that he/she executed said instrument as attorney in
fact as the free act and deed of said corporation.

(SEAL)

Notary Public, _____ County, _____

My Commission Expires _____

**Certificate of Compliance
Minnesota Workers'
Compensation Law**



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED
BY ALL BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: _____

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155
Phone: (651) 284-5034
Fax: (651) 284-5743
TTY/MRS: (651) 297-4198
E-mail: DLI.BusinessLicense@state.mn.us
www.dli.mn.gov/ccld.asp



CC0512

Certificate of Insurance Covering General Liability and Property Damage

PRINT IN INK or TYPE your responses.
Unreadable or illegible certificates will be denied.

Form must be completed by the insurance agent or insurance company, not by the business/contractor.

Liability Insurance Coverage: This is to certify that the insurance policy listed below has been issued to the named insured for the policy period indicated and that the policy meets the minimum coverage requirements applicable under Minnesota Statutes, section 326B.921, Subd. 6.

LICENSE TYPE HPP Business		LICENSE NO (if applicable)		POLICY NUMBER (pending is not acceptable)	
INSURED (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise the insured is the legal name of the business entity.) DBA ("doing business as" or also known as an assumed name) (if applicable) STREET ADDRESS (no PO Box) CITYSTATEZIP CODE				FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
				<input type="checkbox"/> Check - Mandatory Insurance policy meets the minimum statutory requirements. STATUTORY REQUIREMENT Policy provides public liability insurance (including products liability coverage) with limits of at least \$100,000 per person and \$300,000 per occurrence and property damage insurance with limits of at least \$50,000. This certificate or memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.	
MAILING ADDRESS (if different from above) CITYSTATEZIP CODE				NAME OF INSURANCE COMPANY	NAIC ID
INSURANCE AGENT'S NAME (Print)					
Data Practices Notice Minnesota law requires that contractors licensed by the Minnesota Department of Labor and Industry, Construction Codes and Licensing Division maintain on file with the Commissioner a certificate evidencing compliance with the liability insurance requirements prescribed in the applicable statute. Data provided on this form is used to determine compliance with the applicable Minnesota law and becomes public upon the issuance and/or renewal of the license. Cancellation Independent of this certificate, the policyholder notified the issuing company pursuant to M.S. 60A.36 to add an endorsement to the policy to provide notice to the department of labor and industry if the issuing company cancels or non-renews the policy subject to the terms of the policy. Notwithstanding the expiration date set forth in this certificate, should this policy be canceled before the expiration date, the issuing company shall send written notice to the Certificate Holder at the same time that a cancellation request is received from or notice is sent to the insured.				MN INSURANCE AGENT'S LICENSE NO.	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
				NAME OF INSURANCE AGENCY/CO.	PHONE NUMBER
				ADDRESS	
				CITY	STATE
INSURANCE AGENT'S SIGNATURE				DATE	

OFFICE USE ONLY
Date of DLI Receipt

Certificate Holder

Minnesota Department of Labor and Industry
CCLD Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155

This insurance form has been filed with the Minnesota Department of Commerce pursuant to Minnesota Statutes, section 60A.39, Subd. 5.



CC0517

Certificate of Responsible Individual Contracting HPP Pipefitter

E-mail: DLI.License@state.mn.us
Web Site: www.dli.mn.gov/ccld.asp
Phone: (651) 284-5034

☐ Check if Change of Responsible Individual

The information you as an individual provide in this application will be used by Department of Labor & Industry staff members to determine if you meet the Department's license requirements. Minnesota Statute § 270C.72, Subd. 4, requires you to provide your social security number and Minnesota Business Identification number on this application. The other information is being requested for purposes of processing your application. With the exception of your Social Security or Minnesota Business Identification number, you are not legally required to supply the requested data on this application; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this application is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are licensed, the information you provide, other than your Social Security number and non-designated address, becomes public data and may be released to anyone upon request. I have read the above statement and I agree to supply the data on this form with the full knowledge and understanding of the information provided in the statement above.

RESPONSIBLE LICENSED INDIVIDUAL (Contracting HPP Pipefitter)

PERSONAL LICENSE NUMBER	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME		FULL LEGAL FIRST NAME	MI SUFFIX (Sr., Jr., I, II, III)

CONTRACTOR LICENSE INFORMATION or REGISTERED EMPLOYER INFORMATION

LICENSE/REGISTRATION NUMBER	EXPIRATION DATE (MM/DD/YYYY)	PHONE NUMBER	E-MAIL ADDRESS
LEGAL BUSINESS NAME			
LEGAL ASSUMED NAME (DBA) (if applicable)			

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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This is to certify that pursuant to M.S. § 326B.921, Subd. 2, I am the designated responsible licensed contracting high pressure piping pipefitter for the licensed entity named above and, as such, I will be responsible for:

- the performance of all high pressure piping work in accordance with M.S. § 326B.920 to 326B.925, Minnesota Rules Chapter 5230, and all orders issued under M.S. § 326B.082.
- ensuring that, when required, each job will be done by licensed employees, or under the on-the-job supervision of properly licensed employees of said business entity as required under M.S. § 326B.92....
- ensuring that permits are filed with the department or applicable inspection jurisdiction before the start of high pressure piping work.
- notifying the department 15 days in advance of resigning as the responsible licensed individual with said entity, or immediately upon termination by the employer.

I further certify, that if I am not identified as an owner, partner, officer, or member of the contractor or registered employer named above, then I am a full-time employee as required by M.S. § 326B.92, Subd. 2. If employed as a managing employee, I understand that I may be the employee of only on high pressure piping business entity at a time.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.50 to 326B.59, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF RESPONSIBLE LICENSED INDIVIDUAL (mandatory)	DATE
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This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.